

## LEWISHAM CCG

### GOVERNING BODY PUBLIC PRE-MEETING

8<sup>th</sup> November 2018, 9.30-10.00am

#### **From the Governing Body:**

Dr Faruk Majid (FM), CCG Chair

Andrew Bland (AB), Lewisham CCG Accountable Officer

Martin Wilkinson (MW), Lewisham CCG Managing Director

Dr Charles Gostling (CG), Senior Clinical Director

Dr Jacky McLeod (JM), Senior Clinical Director

Anne Hooper (AH), Lay Member

#### **From the CCG:**

Charles Malcolm-Smith (CMS), Deputy Director (Strategy & OD)

Victoria Medhurst (VM), Associate Director for Integrated Governance

#### **6 members of the public attended**

##### Question 1

What will be the functions of the Integrated Governance and Performance (IGP) Committee for the six south east London CCGs? How is the public informed about what is going on at that committee, which is in contrast to the OHSEL committee in common on strategic decision? What is the delegation from the CCG for the IGP and will decisions be binding on CCGs? What are the implications for the Joint Overview and Scrutiny Committee (JOSC)?

##### *CCG Response*

*Other than the shared geography, there is no link to the JOSC with the establishment of this committee. The JOSC provides a useful opportunity for health and care leaders from the south east London to speak with those elected members who provide a scrutiny function all together. That arrangement will continue.*

*The functions of the SEL IGP are no more or less than current IGP committees at CCG level. Its remit is specific to look at those areas where there is genuine and specific interdependence (e.g. cancer) and where aspects of financial management are interdependent. Any recommendations are made to CCG governing bodies. The IGP committee has no decision-making powers at this point, and would be a decision by the governing body if there were.*

*The committee allows the CCGs to have a collective discussion that is then reported to the governing body in public.*

*The OHSEL committee in common on strategy can take decisions on potential service changes hence its meetings are held in public.*

*The current chair of the SEL IGP has recently ended his term as a lay member in Lewisham, and as such is independent as he holds no other position but is aware of the system.*

#### Follow-up Questions

Co-ordinated decision-making is a good thing if open and democratic; does the IGP have the right to transfer funds – where would these decisions be accountable, and subject to scrutiny? What is the monitoring of the 3 month trial period?

#### CCG Response

*The main principle is that CCGs remain accountable and they would retain decision-making on finance. This will be considered at the end of the 3 month pilot phase for the IGP. The committee will provide assurance to governing body members that remedial actions are being taken to meet performance requirements.*

*The monitoring of the SEL IGP will take place through our local integrated governance committee and reported to the governing body. The evaluation is likely to consider whether the committee is achieving more definitive action on performance and making the best use of available time and resource.*

#### Question 2

Lewisham GPs have received a letter on the need to reduce elective and emergency referrals. This is a restriction of services, taken without any publicity. Are all CCGs sending out this notice or is it just local?

#### CCG Response

*This is not about restricting access to care but to decrease inappropriate referrals that are both costly and frustrating to patients; GPs should consider the different types of intervention and whether there is an alternative to referral to secondary care. This is supported by the clinical leadership in the CCG. Programmes of work are being undertaken to get support from specialist advice and support, not necessarily waiting to see a specialist in a clinic when it can be more timely otherwise, as well as reducing variation.*

#### Question 3

What are the implications of GP mergers? What has been the impact of 'GP at Hand'?

### *CCG Response*

*There are benefits of practices working better together and benefits of economies of scale. Mergers are not being imposed but practices may wish to merge to provide resilience for the long-term, working together to decide mutually the arrangements that will work best.*

*With 'GP at Hand', we have seen high levels of registration, but also patients coming back to boroughs as time passes.*

### Follow-up Question

Are GPs primarily seeing their loyalty to the NHS or elsewhere (such as Modality, national organisation), they may have alternative interests not necessarily to Lewisham patients. There are also conflicts of interest. How will Lewisham GPs organise themselves so Lewisham is their primary concern?

### **CCG Response**

***As a CCG, conflicts of interest are a consideration in any decision-making, with appropriate governance safeguards.***

***GPs are independent contractors so are private businesses. When they merge to form bigger organisations this can bring benefits of efficiency, support transformation, and maintain appropriate services. Contractual rules will also continue to apply.***